

IDAHO COUNCIL ON DEVELOPMENTAL
DISABILITIES

STRATEGIC PLAN

FEDERAL FISCAL YEARS 2001-2003

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August 15, 2000

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STRATEGIC PLAN

INTRODUCTION

The Idaho Council on Developmental Disabilities is required by the Developmental Disabilities Assistance and Bill of Rights Act of 1996 to submit a State Plan every three years. The plan offers an overview of Idaho's existing developmental disability service system and provides a framework and strategies for achieving the Council's mission.

The Council would like to thank everyone who provided input into this plan. In particular, we appreciate the assistance of the Idaho Department of Health and Welfare Bureau on Developmental Disabilities, Idaho State School and Hospital, Idaho Department of Education Bureau of Special Education, and Idaho Division of Vocational Rehabilitation for their cooperation in providing program information and statistics.

THE COUNCIL'S MISSION

The mission of the Idaho Council on Developmental Disabilities is to promote the capacity of people with developmental disabilities and their families to determine, access, and direct the services and or support they need to live the lives they choose, and to build the communities' ability to support their choices.

BACKGROUND

The Idaho Council on Developmental Disabilities was created in 1978 by the Forty-fourth Idaho Legislature and is primarily supported from funds made available through the Developmental Disabilities Assistance and Bill of Rights Act of 1996, Public Law (P.L.) 104-183. The Council is comprised of 21 Governor-appointed members, including people with developmental disabilities and their family members, and representatives of programs that provide services to people with developmental disabilities.

The purpose of the Council is to:

- Provide public education and awareness about developmental disabilities.
- Promote quality in services and supports for people with developmental disabilities and their families.
- Monitor and evaluate policies, plans, and services provided by public agencies for people with developmental disabilities.

- Represent the concerns of people with developmental disabilities and their families to the Governor, the Idaho Legislature, Idaho's Congressional delegation, and state and federal agencies.
- Encourage citizen participation in public policy making.
- Promote innovative programs and projects through grants.

The Council is required to designate a state agency that will provide support to its operations. The Idaho Department of Health and Welfare (IDHW) serves as the Council's designated state agency. The role of IDHW is to receive and disburse federal funds from the Administration on Developmental Disabilities (ADD) and to provide other administrative support functions.

WHAT IS A DEVELOPMENTAL DISABILITY

Using the 1.8% prevalence rate developed by Gollay and Associates, approximately 22,116 individuals with developmental disabilities resided in Idaho during 1998.

A developmental disability is manifested prior to age twenty-two and is defined in Section 67-6702(1) of the Idaho Code as:

- Attributable to an impairment, such as mental retardation, cerebral palsy, epilepsy, autism, or other condition found to be closely related to or similar to one of these impairments that requires similar treatment or services or is attributable to dyslexia resulting from such an impairment;
- Has continued or can be expected to continue indefinitely;
- Constitutes a substantial handicap which limits a person's ability to function normally in three or more of the following areas of major life activity: (1) self-care; (2) receptive and expressive language; (3) learning; (4) mobility; (5) self-direction; (6) capacity for independent living; or (7) economic self-sufficiency; and
- Reflects the need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services.

ENVIRONMENTAL FACTORS

Many variables effect the services people with developmental disabilities receive. Geographic, demographic, economic, political, social, and litigative factors drive social service programming decisions. The following section will briefly touch upon these factors.

GEOGRAPHIC AND DEMOGRAPHIC FACTORS

Idaho is a rural state. Rural Idahoans face a wide range of barriers to living independently in their communities, including a lack of transportation, unavailable or unaffordable housing, and a lack of access to health care providers who are knowledgeable about disabilities.

The federal government owns 63.7% of the land in Idaho. The large amount of federally owned land impacts the tax base of small local governments and effects school districts. Idaho's 36 rural counties, with 88.3% of Idaho's land area, hold 36.2% of the population. According to the Idaho Department of Commerce, the population of Idaho reached 1,228,684 during 1998. Boise is Idaho's largest city and its population was 157,452 in 1998. The second largest city, Pocatello, reached 53,074 during the same period.

Idaho's population is predominantly white, 90.3%. Hispanics, of any race, comprise Idaho's largest minority group at 7.1%. American Indians follow at 1.35%, Asians at 1.14% and African-Americans at .6% according to the US Census. A lack of outreach, knowledge about the system, language differences and poverty issues compound the problems when racial and ethnic groups attempt to access the disability service system.

America's elderly population is expected to explode beginning in the year 2020, as the baby boomers become senior citizens. And, with the population aging and the likelihood of having a disability increasing with age, the growth in the number of people with disabilities can be expected to accelerate in the coming decades. U.S. Census estimates indicate that approximately 16.5% of Idaho's population during 1998 was age sixty or older. The "oldest old", i.e. persons ages 85 plus, are the most rapidly growing elderly population. Idaho's 85 plus population rose 32.9% during the decade between 1980 and 1990. Currently, the developmental disability service system in Idaho is not well equipped to meet the needs of aging individuals with developmental disabilities. Our system and society must adapt and respond to the demographic shift.

ECONOMIC FACTORS

Despite Idaho's healthy economy, the rift between individuals with disabilities and individuals without disabilities continues to grow. The percentage of Idahoans in higher income brackets has increased significantly from 1990 – 1998. The same is not true for people with disabilities. The 1998 National Organization on Disability (N.O.D.)/Harris Survey of Americans with Disabilities survey found that 34% of adults with disabilities lived in households that had an income of \$15,000. The median income for all Idahoans varies across the state. The highest median income in the state is found in Ada County (\$47,808). The region including Adams, Boise, Canyon, Elmore, Gem, Owyhee, Payette, Valley and Washington Counties contained the lowest median income of \$27,072. The per capita income in Idaho was \$20,478 during 1997, \$5,120 below the national figure.

The unemployment rate in Idaho for February 2000 was 4.5%. The national rate was 4.1%. Unemployment rates varied across the state ranging from 14.1% to 2.4%. Idaho's most populated county, Ada County, had an unemployment rate of 2.6%. There are no available statistics that indicate the unemployment rate for people with disabilities in Idaho. The best estimate is the N.O.D./Harris survey. The survey found that **only** 29% of people with all disabilities of working age (18 – 64) worked full or part-time. The 1994-1995 Survey of Income and Program Participation (SIPP) conducted by the U.S. Bureau of the Census had similar findings. For example, 82% of individuals without disabilities between the ages of 21 to 64, worked. Comparatively, just 26% of individuals with a significant disability were employed.

A few income support programs are available to individuals with disabilities. The Social Security program, Old-Age, Survivors, and Disability Insurance (OASDI), provides monthly benefits to workers and their families when earnings are stopped or reduced because the workers retires, dies, or becomes disabled. According to the Social Security Administration (SSA), OASDI benefits were paid to 17, 880 Idahoan's with a disability and averaged \$747 per month in December 1998. Supplemental Security

Income (SSI) is a Federal cash assistance program that provides monthly payments to individuals that are low-income and have a disability, are aged or blind. During December 1998, 15,692 Idahoans with a disability, including blindness, received SSI payments. Additionally, the State of Idaho offers a small income supplement to qualified individuals. According to the SSA, 9,993 individuals in Idaho received the state administered supplement during December 1998.

The Institute of Community Inclusion found in a 1997 study that individuals with mental retardation were largely employed in entry-level service industry jobs with low hourly wages and a shorter work week. The study also found that the mean hourly wage for an individual with a physical disability was \$7.74 compared to \$4.87 for a person with mental retardation. Furthermore, the average number of hours worked per week was 34.2 for an individual with a physical disability compared to 26.7 for someone with mental retardation. The Division of Vocation Rehabilitation reported that during 1999, the average wage per hour for its clients who returned to work was \$6.50. Based on a 40-hour work week, a person's weekly gross earnings would have been \$260 or approximately \$13,500 annually. People with developmental disabilities, in particular mental retardation, fare less well than individuals with physical disabilities, sensory impairments and/or mental illness.

POLITICAL FACTORS

Idaho has largely been a one-party state since the 1920s. It is a conservative state whose legislature is largely composed of Republicans. Of the 105 Legislators, there are currently eleven Democrats in the House and four in the Senate.

Healthy, well-educated children, safe streets, a clean environment and economic development highlight the agenda for Idaho's Governor, Dirk Kempthorne. The Governor has demanded greater accountability and efficiencies in state spending.

The Idaho Legislature convenes the first quarter of each year. This year, the Joint Finance-Appropriations Committee attached cost control legislative intent language to the Medicaid budget. A fear of "runaway spending" concerned policymakers. According to the Department of Health and Welfare, Medicaid spending has grown 55% since 1996. The cost of services to people with developmental disabilities is projected to increase from \$36 million during 1996 to \$82 million in 2001, a 127% increase. The 2000 legislature appropriated \$600,000 to fund an independent study to examine the increased costs for Medicaid and, in particular, Idaho's high administrative costs for the program. The Department of Health and Welfare is also examining its programs, services and payment mechanisms to maximize efficiency and reduce administrative costs.

SOCIAL FACTORS

People with disabilities need and want the skills and knowledge to create change in their communities. There are few grass roots organizations for people with disabilities in Idaho. The few which do exist, operate independently and lack a coordinated effort in creating change.

Self-directed supports are a national trend that have grown out of the self-determination movement. It offers people with developmental disabilities and their families the opportunity to design their support plans and determine their future. It provides the freedom and authority to select supports and services, decide where to live and with whom, and control a personal budget for services.

Self-directed supports are a complete shift in the way supports and services are currently being delivered in the state of Idaho. Traditionally, the control and responsibility for services rests with a

service provider agency or an organization. With self-directed supports, people with disabilities and their families choose the services they want and need, hire staff and control their budget. States who have implemented self-directed supports have experienced a reduction in costs over time, but on average, it appears that the costs for self-determined services and supports are comparable to the average cost of providing services in a more traditional way.

Even though services may theoretically be available, they cannot be accessed due to a shortage of providers. Low Medicaid reimbursement rates and a small pool of qualified staff deters many businesses from providing supports to people with developmental disabilities. For those businesses willing to provide services, reimbursement rates and staff shortages impact the quality of their services.

Individuals with significant disabilities encounter great barriers when attempting to access services. Without adequate services and supports, these individuals may not have the opportunity to live in the community or enjoy the freedoms people without disabilities possess. One barrier people with significant disabilities encounter is a lack of access to assistive technology (AT). In a study completed by the Idaho Assistive Technology Project (IATP), the overall situation in Idaho has shown some improvement. Still many barriers are found, including, a lack of funding resources, little awareness and expertise about AT services and devices, minimal coordination between state agencies and access to individual advocacy.

LITGATIVE FACTORS

The U.S. Supreme Court affirmed in *Olmstead v L.C.* that under the American with Disabilities Act (ADA), individuals with disabilities had the right to receive public benefits and services in the most integrated setting appropriate to their needs. As a result, States must demonstrate that they have: (1) a comprehensive, effectively working plan for placing qualified persons with disabilities in less restrictive settings and (2) a waiting list that moves at a reasonable pace not controlled by the State's endeavors to keep its institutions fully populated.

An Olmstead Committee of Department of Health and Welfare staff, consumers and advocates has been appointed and a list of strategies with timelines developed to assess institutional and community-based services. Recommendations have been made to the Department to expand the committee to include providers and additional consumer representation.

REVIEW OF FEDERALLY ASSISTED STATE PROGRAMS

The service and support structure for Idaho's disability related services continues to be both integrated and segregated, and community based and center based. Despite the number of studies and documented analysis about the benefits of natural, inclusive, and individualized services and supports, Idaho maintains a dual service system. This section will highlight a number of federally assisted state programs that provide services to individuals with developmental disabilities.

IDAHO DEPARTMENT OF HEALTH AND WELFARE

The Idaho Department of Health and Welfare (IDHW) provides its programs through seven regional service centers and many field offices throughout the state. It is the largest public provider of services and supports to people with developmental disabilities.

Division of Family and Community Services

The Division of Family and Community Services (FACS) is responsible for state social service programs, including adoptions, child protection, mental health, substance abuse, developmental disabilities and institutional programs.

The Bureau of Developmental Disabilities is housed within FACS and plans, coordinates and evaluates community developmental disability services. During 1999, the regional Developmental Disabilities Programs served 8,645 adult and child consumers. For adults, these programs provide eligibility determination, authorization of services and quality assurance monitoring. Services delivered by private providers include residential supports, employment training, service coordination and skill training. For children birth to age two, the Bureau serves as Idaho's lead agency for comprehensive early intervention services. The Infant and Toddler Program works with young children who have or are at risk for a developmental delay or disability. The Infant/Toddler Program served 1140 children from June 1999 to April 2000.

Several residential options exist for adults and children with developmental disabilities. For adults, an individual may reside in the home of a family member or his or her own apartment and receive supports. To qualify for these supports, the individual must be eligible for the Home and Community Based Services waiver for the developmentally disabled (HCBS/DD). Certified Family Homes are also available. In this living arrangement, two adults with developmental disabilities should reside in the home of an unrelated family member. Legislative action in 2000, however, increased the number to four individuals under certain circumstances. Congregate living arrangements are available. Residential and Assisted Living Facilities are group living arrangements that provide 24 hour non-medical supervision to three or more adults. An Intermediate Care Facility for the Mentally Retarded (ICF-MR) provides 24-hour group care and supervision, including medical services, to adults and children. Children with developmental disabilities can access out-of-home care through the foster care system or Personal Care Services (PCS) program.

In January 2000, there were 66 private Intermediate Care Facilities for the Mentally Retarded (ICF-MRs) that served 490 consumers. Two months later, the legislature capped the number of private ICF-MR beds at 486 and restricted the reimbursement rate at no more than the FY2000 level. During 1997, \$26,727,768 was spent on community ICF-MR placements. The amount is projected to rise to \$32,871,049 in 2000. It is uncertain what impact the rate freeze will have on that projection or what effect the capping of private ICF-MR beds will have on Idaho State School and Hospital admissions.

One public institution exists for people with developmental disabilities. On May 1, 2000, 113 individuals with developmental disabilities resided at the Idaho State School and Hospital (ISSH). Thirty-two residents were under the age of twenty-two. The residents can be categorized into three distinct groups. The first group consists of the medically fragile who require 24-hour nursing care. The second group is comprised of individuals who have severe or profound retardation but who are not medically fragile. These individuals generally have family members or guardians who would prefer to have them remain at ISSH because of the quality and stability of services. The third group includes individuals who are categorized as dangerous or aggressive and who would be likely to commit a felony or cause injury to self or others. In fact, seventeen of the 113 residents who resided at ISSH during May 2000 were court ordered admissions. Blending the three populations has raised many concerns. Recently, the legislature authorized IDHW to use bonds to construct a 60-bed facility to replace substandard buildings found on ISSH grounds. The buildings will be used to house primarily those with aggressive behaviors. The project is expected to cost \$9,325,000. IDHW reported that the average

cost per day for an individual to reside at ISSH during 1997 was \$452. Disability advocates estimated the cost at \$466.67 per day during the same period.

Vocational services, such as work evaluation, job development and job coaching, are available to individuals with developmental disabilities. Employment supports are broken into two basic categories: work services and community supported employment. Work services (sheltered workshops) are segregated and centered-based. Individuals who work in sheltered environments typically earn lower wages than those who work in the community. In contradistinction, community supported employment is defined as “competitive and integrated” employment. Community supported employment includes both enclave work and employment within the community.

Despite the move to community based services, the number of individuals receiving work services has minimally decreased during the past few years. IDHW reported in its publication *Facts, Figures and Trends*, that in the fourth quarter of 1999, only 420 (48%) of the 876 individuals receiving vocational services did so in an integrated setting. This percentage increased slightly from fourth quarter 1998. Here, 47% of individuals received integrated work services. Interestingly, 55% received integrated services during the fourth quarter of 1997.

Employment supports are funded by three primary sources: Vocational Rehabilitation (VR), a Social Services Block Grant (SSBG) administered by IDHW and Medicaid. Individuals who have significant disabilities and for whom employment has not traditionally occurred may qualify for long-term employment supports. The first long-term support program is funded primarily by the SSBG. Demand for the program is great and a waiting list exists in some regions of the state. Medicaid’s Home and Community Based Services waiver program for the developmentally disabled (HCBS/DD) funds the second long-term vocational program. There is no limit on the amount of services one can receive in this program. Medicaid will, however, not reimburse for services provided in a workshop or if the person earns less than minimum wage.

Vendor reimbursement rates vary. Rates for community supported employment services funded by VR and SSBG average between \$30.00 to \$40.00 per hour. Reimbursement for employment services under the HCBS/DD waiver is \$21.00 per hour. Consequently, vocational vendors are reluctant to provide services under the HCBS/DD waiver. Due to these factors, waived employment supports are underutilized.

Service coordination is available to adults and children with developmental disabilities. Targeted Service Coordinators (TSCs) assist adults in developing and achieving their goals through person-centered planning. Service coordination is offered to children as well. Early Periodic Screening, Diagnosis and Treatment Service Coordination (ESC) assists families with children find and coordinate health, educational, early intervention, advocacy and social services. In the first three quarters of FY 2000, 1,872 adults received TSC and 2,199 children received ESC. Children aged birth to two who receive Infant/Toddler services are also eligible for service coordination. With the exception of Infant/Toddler service coordination, private agencies contract with the Department to provide all service coordination.

Developmental Disability Agencies (DDAs) are private agencies that provide skill training to adults and children with developmental disabilities. The goal is to assist individuals in becoming more independent in their homes and communities. Skill training, or developmental therapy, may include teaching an individual how to prepare meals, budget, ride public transportation, or improve/develop social skills. The Department reported that in 1999, 49 private DDAs served 2126 adults and 646

children. The cost of providing developmental therapy is growing as more individuals access the service. During 1999, Medicaid paid \$20,566,557 to public and private DDAs. The amount is projected to rise to \$25,656,388, a 25% increase, in 2000.

The Family Support Program promotes and enhances a family's capacity to provide care for family members with developmental disabilities. It provides funds that can be used to purchase respite care, specialized evaluations, adaptive equipment, therapies, transportation, housing modifications and other similar services. The programs are located in the regional Health and Welfare offices of each Developmental Disabilities Program.

Idaho has a nationally recognized information clearinghouse for parents and caregivers of young children. The Early Childhood Information Clearinghouse is a bilingual web site that focuses on the first three years of life.

The recognition of the need to develop a comprehensive service system for persons with a brain injury has emerged. In July, 1996, the Congress enacted Public Law 104-166, "to provide for the conduct of expanded studies and the establishment of innovative programs with respect to traumatic brain injury". The Health Resources and Services Administration, Maternal and Child Health Bureau administer the Traumatic Brain Injury (TBI) State Demonstration Grant Program. TBI State Demonstration Grants emphasize activities by States to implement statewide systems that ensure access to comprehensive and coordinated TBI services. Two grants are available under the program, Planning and Implementation Grants.

Idaho submitted a Planning Grant proposal in 1999 and it was funded in 2000. IDHW/FACS administers the program through a contract with Idaho State University. The goals of the project are to:

- Establish a statewide TBI Advisory Board;
- Solidify the Department of Health and Welfare, Division of Family and Community Services, as lead agency for TBI services;
- Complete a statewide assessment of needs and resources;
- Develop a statewide action plan; and
- Increase intra and inter-agency collaboration of TBI services.

Division of Medicaid

The Division of Medicaid plans, implements and reviews public-funded medical assistance services. It is also responsible for reimbursement to providers, provider licensure and survey, utilization review and fraud control.

Idaho's Medicaid program resembles a managed care approach. The Healthy Connections program is a Primary Care Case Management Model. Physicians serve as gatekeepers and are paid a monthly case management fee in addition to a fee-for-service payment. Enrollment into the Healthy Connections Program is mandatory in some Idaho counties and voluntary in others.

Idaho has four Medicaid Home and Community Based Services 1915c waivers. These waivers serve the elderly, persons with physical disabilities, persons exiting the public ICF-MR, persons who have developmental disabilities, and persons who have sustained a traumatic brain injury. The Home and Community Based Services waiver for the developmentally disabled (HCBS/DD) was approved by the Health Care Financing Agency (HCFA) on July 1, 1995 and operated under a cap until April 1999. At that time, 442 individuals received waived services. By April 2000, the number increased to 727, a 64% change. Services offered under the HCBS/DD waiver include: specialized family home living, supported living, supported employment, respite care, behavior consultation, non-medical transportation, nursing services, personal emergency response, specialized medical equipment, environmental modifications, chore services, and home delivered meals. In 1997, \$9,434,292 was spent on the HCBS/DD waiver. The amount is projected to rise to \$14,129,075 during 2000.

Medicaid is the largest funding source of public services to people with developmental disabilities. IDHW reported that developmental disability services cost Medicaid \$58,916,910 during FY 1997 and are estimated to reach \$76,677,091 during FY 2000. The costs incorporate both the HCBS/DD and Idaho State School and Hospital waivers, targeted service coordination costs, public and private developmental disability agency, and private Intermediate Care Facility for People with Mental Retardation (ICF/MR) costs. Public ICF-MR costs such as those incurred at ISSH are not included.

Children who may not qualify for traditional Medicaid benefits may do so under two health care options. The Katie Beckett program provides Medicaid coverage to children with disabilities. To qualify, children must meet the following criteria:

- Are age 21 or younger;
- Would receive Supplemental Security Income (SSI) and Medicaid if they lived in a hospital, nursing home, or ICF-MR but do not qualify by living at home because the family income and assets are over eligibility limits;
- Need the kind of care provided in a hospital, nursing home, or ICF/MR;
- Can be cared for safely at home for no more than the cost of care in a nursing home, hospital, or ICF/MR;
- Have income of less than \$1,520 (1999 limit) and assets of \$2,000 or less. Parents' income and assets are not counted towards these limits.

In 1999, approximately 655 children received services through this option.

The second public health care option is the Child Health Insurance Program (CHIP). CHIP provides coverage to children under age nineteen who do not have health insurance and whose family income is less than 150% of the federal poverty level. Despite the benefits, few children have enrolled in the program. IDHW reports that enrollment is increasing and this rise is likely attributable to a mass public awareness campaign. Currently, approximately 6,000 children participate in CHIP.

Division of Health

The Division of Health provides oversight and funding for public health services which are administered locally by seven independent health districts across the state. The Division also operates

the Center for Vital Statistics which gathers and disseminates data on population trends in the state. Services include:

- Immunization;
- Family Planning;
- Adolescence Pregnancy Prevention Program;
- Women's Health Check;
- Child Find;
- Diabetes Coordination;
- Environmental Health;
- Injury Prevention;
- Oral Health Care; and
- Tobacco Smoking Cessation Program.

The Children's Special Health Program (CSHP), formerly Crippled Children's Service, is administered through Idaho's district health departments. Medical and rehabilitative services are provided to children who have significant and/or chronic illnesses or conditions. Long-term multidisciplinary care and case management is offered including inpatient hospital care, therapy, braces and other appliances, and genetic counseling.

Division of Welfare

The Division of Welfare administers the Temporary Family Assistance Program in Idaho (TAFI). The TAFI program, assists qualified low-income Idahoans in locating work and attaining family self-sufficiency. Eligibility services also are provided for the Aid to the Aged, Blind and Disabled program as well as Medicaid. This Division additionally is responsible for administering Child Support Services.

In 1999, unused TAFI funds were made available on an application basis to provide assistance to families. A recent proposal by Idaho's University Affiliated Program in conjunction with the State Independent Living Council and others, was funded and will provide technical assistance and training to parent's with disabilities. The program will be implemented through Idaho's Regional Assistive Technology programs and complements a legislative initiative to remove statutory language which discriminates against parents with disabilities in child custody decisions.

IDAHO DEPARTMENT OF EDUCATION

Bureau of Special Education

The Bureau of Special Education is responsible for providing an administrative structure for statewide management of special education programs, services, and resources. It also provides statewide leadership and planning regarding appropriate policies, programs, and procedures; supports agencies in their efforts to provide services and programs to meet current and future needs of students with disabilities and their families; and increases collaboration between agencies serving students with disabilities and their families.

The Individuals with Disabilities Educational Act (IDEA) requires that students with disabilities be educated in learning environments with their peers who do not have disabilities unless their needs cannot be met in those settings. The majority of students served in special education programs are placed in regular classrooms. The Department of Education reported that 70% of students with disabilities were educated in regular classrooms with support.

The number of children served by Idaho's special education program has increased. During school year 1994-1995, 9.3% of students were served in special education programs. The number increased to 10.6%, or 26,223 students, during the 1997-1998 school year.

Schools must offer a variety of related services to special education students. Related services assist a child with a disability to benefit from his/her special education. These services include transportation, speech-language pathology and audiology services, psychological services, physical and occupational therapy, recreation, therapeutic recreation, early identification and assessment of disabilities in children, counseling services, rehabilitation counseling, orientation and mobility services, medical services for diagnostic and evaluation purposes, school health services and social work services in schools. In the 1997-1998 school year, speech/language therapy was in strongest demand, followed by occupational therapy, physical therapy, psychology, school social work and vision care.

Schools are permitted to bill Medicaid for health related services that are required to assist a child with a disability to benefit from special education. In July 1999, 84 of Idaho's 112 school districts were enrolled as Medicaid providers. To bill for the service, schools must demonstrate that the child has an educational disability, be eligible for Medicaid and the specific service. The service(s) must also be listed on the child's Individualized Education Program (IEP).

The Career Lattice Work Group is revising professional and paraprofessional standards, certification requirements and personnel development programs for the purpose of redefining personnel skills necessary to improve results for children and youth with disabilities. The group is a component of the State Improvement Grant (Improving Results Initiative). The Improving Results Initiative staff (Bureau of Special Education) is collaborating with the What Matters MOST Project to also develop standards for all general education teachers, administrators and school psychologists. The J.A. and Kathryn Albertson Foundation fund the What Matters MOST Project.

In the summer of 2001, Idaho will host its first Youth Leadership Forum (YLF). The YLF is a career and leadership training program for high school juniors and seniors with disabilities. The California Governor's Committee for Employment of Disabled Persons initiated the YLF in 1992. Now it is a program of the President's Committee on Employment of People with Disabilities.

DIVISION OF VOCATIONAL REHABILITATION

The Idaho Division of Vocational Rehabilitation (IDVR) is governed by the Idaho State Board of Education. The Division administers two major programs, the Renal Disease Program and the Vocational Rehabilitation Program. Additionally, it serves as the fiduciary agent for the Idaho State Independent Living Council.

Vocational rehabilitation services are provided to assist individuals who have disabilities and who are unemployed because of their disability. To qualify for services, an individual must:

- Have a physical or mental impairment, which constitutes or results in a substantial impediment to employment and requires vocational rehabilitation services to prepare for, secure, retain, or regain employment;
- Benefit in terms of an employment outcome from the provision of vocational rehabilitation services; or
- Be SSI or SSDI recipients who intend to achieve an employment outcome.

IDVR offers a variety of services to individuals with disabilities and businesses. Services to individuals include:

- Evaluation;
- Follow-Along services;
- Job Development and Placement;
- Professional Counseling;
- Medical Assistance;
- Rehabilitation Technology goods and services; and
- Training.

The Division also assists businesses to solve employment and disability related problems in the work place. Services available to businesses include:

- Accessibility assessment;
- Awareness programs;
- Consultation;
- Job-Site Intervention (Injured Worker);
- Job placement resource;
- Qualified labor source;

- Specialized rehabilitation;
- Financial incentives;
- Independent living consultation; and
- Job coaching.

During 1999, IDVR served 10,363 individuals with disabilities, 8,008 of which were considered to have a significant disability. IDVR defines an individual with a significant disability as one:

- (1) who has a severe physical or mental impairment which seriously limits one or more functional capacities in terms of an employment outcome;
- (2) whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time; and
- (3) who has one or more physical or mental disabilities resulting from amputation, arthritis, autism blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders, paraplegia, sickle cell anemia, learning disabilities, end-stage renal disease, or another disability or combination of disabilities determined to be the basis of an assessment for determining eligibility and vocation needs to cause comparable substantial functional limitation.

Many individuals with a developmental disability would fall into the significant disability category according to VR's definition. Approximately 16% of IDVR's clients who had significant disabilities returned to or found work during 1999. It should be noted that this number represents 89% of the total number of individuals who returned to work. Also in 1999, 851 individuals with mental retardation were served.

State Independent Living Council

The Idaho State Independent Living Council (SILC) was established by the Rehabilitation Act Amendments of 1992. The SILC has been actively engaged in activities that assist in providing Idahoans with disabilities a greater voice in obtaining services that are consumer-responsive, cost-effective and community based. The SILC has been actively involved in providing leadership training for people with disabilities, public awareness activities, and introducing legislation.

The SILC supports three Centers for Independent Living (CILs) in Idaho and their field offices. CILs are community based, cross disability non-profit organizations that are consumer controlled. CILs provide services at little or no cost to consumers. These services may include: facilitating independent living; increasing community options; individual and systems advocacy; information and referral services; skill training; and peer support training.

IDAHO DEPARTMENT OF TRANSPORTATION

The Idaho Transportation Department is mandated to provide the people of Idaho with a multi-modal transportation system. The transportation department's mission is "to provide cost-effective

transportation systems that are safe, reliable and responsive for the economical and efficient movement of people and products."

DIVISION OF PUBLIC TRANSPORTATION

Idaho's rural nature makes it difficult to provide public transportation. In 1997, ridership was 2,540,652 in both urbanized and non-urbanized areas of the state. This includes only those rides paid for by the Federal Transit Administration grant to the Idaho Department of Transportation. It does not include rides funded by Medicaid or services delivered by private transportation providers. Three systems service the state's metropolitan locations (50,000+population); six small city/rural transit systems serve populations under 50,000; and nearly 70 agencies and organizations provide public transportation services to the elderly and individuals with disabilities across the state.

The Division of Public Transportation provides financial grant program planning and technical assistance for public and specialized transportation service providers in the state. No permanent or dedicated funding program is in place for the state to assist in the provision of public transportation services. Idaho is one of four states which does not fund its public transportation system.

The Division has noted an emerging trend in the area of rural public transportation. More and more local governments are beginning to submit requests for a community vehicle. The local government insures the vehicle, provides the 20% cash match and coordinates scheduling among many community groups. Community groups share the cost of gas and/or maintenance. This approach creates a win-win situation and facilitates access to the community for many, including individuals with disabilities.

Currently, the Division is collaborating with disability advocates to increase service and create opportunities for public participation. Most transportation providers operate during standard business hours, Monday to Friday, 8:00am to 5:00pm. Weekend or evening service is nearly impossible to locate. Since many people with developmental disabilities are dependent on public transportation, access to the community is limited.

Few opportunities exist for public participation. Until disbanded by the Idaho Legislature, six Regional Public Transportation Advisory Committees existed for citizens to provide input. Now, only one opportunity exists, the Public Transportation Advisory Council. An Interagency Work Group for Public Transportation was revitalized through legislative changes in 2000 and provides the opportunity for increased collaboration among transportation providers, consumers and state agencies to increase Idaho's public transportation options. The Council is required by law to serve on this committee.

REVIEW OF SELECTED FEDERALLY ASSISTED NON-STATE PROGRAMS

IDAHO HOUSING AND FINANCE ASSOCIATION

The Idaho Housing and Finance Association (IHFA) is a financial institution and administrator of the state's affordable housing resources. It is a not-for-profit self-supporting corporation that does not use state appropriated funds for its operations. A combination of funding sources, including federal housing funds, allow IHFA to conduct business.

Under contract with the Department of Housing and Urban Development (HUD), IHFA administers federal Section 8 rental assistance programs that assist low-income families and elderly or individuals with disabilities obtain decent, affordable rental housing. The demand for rental assistance far exceeds the supply. Waiting lists for individuals with disabilities exist in all areas of the state.

To be eligible for Section 8 assistance, tenants must meet HUD income limits and other eligibility criteria. Section 8 tenants pay no more than 30% of their adjusted gross monthly income for rent and utilities. As a tenant's income changes, the tenant's rent share changes proportionately.

The Accessibility Improvements Program is a new source of grant funding to assist persons with disabilities make their homes accessible. HUD and IHFA sponsor the program while the Centers for Independent Living administer it. Grants of up to \$5,000 are available to qualified applicants. To qualify:

- (1) at least one person in the household must have a disability and would benefit from adaptive modifications;
- (2) households must have an income below 80% of the local area median income, adjusted for household size; and
- (3) reside in a home whose fair market value does not exceed the purchase limits for IHFAs Residential Lending Program.

COMPREHENSIVE ADVOCACY, INC

Federal law requires that each state have systems to protect and advocate for the rights of individuals with developmental disabilities. The legal advocacy agency for Idahoans with disabilities is Comprehensive Advocacy, Inc (Co-Ad). Co-Ad is a private non-profit legal services organization exclusively for people with disabilities. Co-Ad operates five federally funded grant programs. Each program has its own eligibility criteria, services and priorities. The programs include:

- Protection and Advocacy for Individuals with Mental Illness (PAIMI). PAIMI serves individuals with mental illness who reside in 24-hour care treatment facilities.
- Protection and Advocacy for Persons with Developmental Disabilities (PADD). PADD serves persons with developmental disabilities.
- Protection and Advocacy of Individual Rights (PAIR). PAIR serves individuals with disabilities who are ineligible under the PAIMI and PADD programs.
- Client Assistance Program (CAP). CAP serves clients of Vocational Rehabilitation, Idaho Commission for the Blind and Visually Impaired and other Rehabilitation Services Administration programs.
- Protection and Advocacy for Assistive technology (PAAT). PAAT serves individuals who have been improperly denied funding for assistive technology.

CENTER ON DISABILITY AND HUMAN DEVELOPMENT

The Center on Disabilities and Human Development (CDHD) is Idaho's University Affiliated Program (UAP). The Center operates as an autonomous unit of the University of Idaho's College of Education. CDHD serves as a liaison between academia and the developmental disabilities service system and it operates grant programs, disseminates information and provides training, technical assistance, and research across the state and nation. The Center is involved in several projects including: the Emergent Literacy Project, Literacy Technology Project, Building Effective Successful Teams, Children and Youth with Deaf-Blindness, Even Start Family Literacy Program, Positive Behavioral Supports Project and the Idaho Assistive Technology Project.

The U.S. Department of Education funds the Idaho Assistive Technology Project (IATP) which assists individuals with disabilities acquire assistive technology. Assistive Technology (AT) is any item, piece of equipment or product system acquired commercially, modified or customized, that is used to increase, maintain or improve the functional capabilities of an individual with a disability. AT can be as low tech as a wide gripped pencil or as high tech as a computer or power wheelchair.

IATP was established within the CDHD to provide consumer-responsive services on a statewide basis. A network of regional Assistive Technology Resource Centers (ATRCs) exist. These centers are located in five regions of the state: Coeur d'Alene, Moscow, Boise, Twin Falls, and Pocatello. Their purpose is to provide training, increase public awareness, assist with assistive technology assessments, and to give customers information and referral in their respective regions.

COUNCIL GOALS, OBJECTIVES AND STRATEGIES

From Federal Fiscal Years 2001 to 2003, the Council will focus a substantial portion of its resources on four areas. These areas are: community inclusion, education, employment, and self-determination. The Council established its goals, objectives and strategies through a combination of public and Council member input processes.

COMMUNITY INCLUSION

A.D.D. Community Inclusion (CI) Outcome – Every individual is a valued, participating member of their community.

1. Goal - Improve the ability of Idaho communities to include and meet the needs of people with developmental disabilities.

1.1 Objective – By 2003, 30 community-based programs will include people with developmental disabilities.

1.11 Strategy – Provide disability awareness and inclusion training to community organizations to make programs accessible to and include people with developmental disabilities.

1.2 Objective – By 2003, individuals with developmental disabilities, their families and/or advocates will collaborate with local community developers/organizers in two regions of the state to increase the communities' ability to meet the needs of individuals with developmental disabilities.

1.21 Strategy – Collaborate with stakeholders to fund a regional part-time community developer/organizer.

1.22 Strategy – Strengthen regional Family Support Councils to increase their ability to leverage community resources.

2. Goal - Assist communities to develop fundamental living supports for people with significant developmental disabilities.

2.1 Objective – By 2003, 50 people with developmental disabilities will have expanded housing options.

2.11 Strategy – Collaborate with stakeholders to make supported living under the Home and Community Based Services waivers available in all areas of the state.

2.12 Strategy – Collaborate with housing providers to increase the number of affordable and accessible housing units to people with developmental disabilities.

EDUCATION

A.D.D. Education (ED) Outcome – Students reach their educational and developmental potential.

1. Goal – Improve the ability of families and students to advocate and shape their child's education to fully participate in their school community.

1.1 Objective – By 2003, 100 families will have the skills, knowledge and awareness to advocate for their child's educational rights.

1.11 Strategy – Develop and provide advocacy training for parents regarding their child's education.

1.2 Objective – By 2003, 75 students will have the skills, knowledge and awareness to advocate for their educational rights.

1.21 Strategy – Collaborate with students, families and diverse representatives of organizations to improve the self-determination skills of students.

2. Goal - Increase the ability of teachers and administrators to include students with disabilities in general education classrooms and the school community.

2.1 Objective - By 2003, 190 teachers and administrators will have the skills and knowledge in collaboration to meet students' needs.

2.11 Strategy – Provide follow-up technical assistance to schools that received the inclusive education training.

2.12 Strategy – Recognize schools that do an outstanding job of including students with developmental disabilities into the general school community.

2.13 Strategy - Collaborate with diverse representatives of organizations to improve opportunities for all students.

EMPLOYMENT

A.D.D. Employment (EM) Outcome – People get and keep employment consistent with their interests, abilities and needs.

1. Goal - Increase the number of people with developmental disabilities that are employed in jobs of their choice and are paid a competitive wage.

1.1 Objective - By 2003, 10 people with developmental disabilities will be employed in jobs of their choice at a competitive wage.

1.11 Strategy – Collaborate with stakeholders to develop and implement a self-directed support system where individuals use an individual budget to pay for the services they want and need.

1.12 Strategy – Educate and assist employers with the issues involved when hiring individuals with developmental disabilities.

1.13 Strategy - Collaborate with stakeholders to identify technical assistance resources that will assist individuals to start and maintain their own business.

1.2 Objective – By 2003, 5 employment vendors will receive payment for services based on outcomes achieved.

1.21 Strategy- Collaborate with stakeholders and representatives from other states who have implemented outcome based funding for employment vendors.

SELF-DETERMINATION

A.D.D. Self-Determination (SD) Outcome – People have control, choice, and flexibility in the services and supports they receive.

1. Goal - Improve the ability of people with developmental disabilities and their families to control their lives, take risks and manage their own resources.

1.1 Objective - By 2003, 10 adults with developmental disabilities will control their lives by managing their own resources.

1.11 Strategy – Pilot a Council demonstration project that will enable individuals with significant disabilities to direct their own individual budgets to get the services and supports they want and need.

1.2 Objective – By 2003, 100 adults with developmental disabilities and their families will gain skills to increase self-determination.

1.21 Strategy – Provide leadership training for people with developmental disabilities and their families.

1.22 Strategy – Provide self-determination training to adults with significant cognitive disabilities.

1.23 Strategy- Provide advocacy training to families, guardians, or primary care providers of adults with disabilities while including people with disabilities.

1.3 Objective - By 2003, 3 grass roots group that are led by people with developmental disabilities will be established in Idaho.

1.31 Strategy –Fund 3 regional self-advocacy groups.

STATE PLAN EVALUATION

The Council is required by law to measure its outcomes. The Administration on Developmental Disabilities (ADD) has developed performance targets the Council must use to quantify results. Each year outcomes are submitted to ADD in the Program Performance Report (PPR) and made available for the public's review. This year the Council will develop and disseminate an annual report. The Annual Report will highlight the Council's current projects and accomplishments and be forwarded to the Governor's office, Idaho's Congressional delegation, other elected state officials, state legislators, agency administrators, grassroots organizations and any interested community members. It will also be made available on the Council's web site.